

POSITION DESCRIPTION (Please Read Instructions on the Back)

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| 2. Reason for Submission <input type="checkbox"/> Redescription <input checked="" type="checkbox"/> Recombination <input type="checkbox"/> Now <input type="checkbox"/> Other Explanation (Show any positions replaced) | | 3. Service <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field | | 4. Employing Office Location | | 5. Duty Station | | 1. Agency Position No. | |
| 7. Fair Labor Standards Act <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Nonexempt | | 8. Financial Statements Required <input type="checkbox"/> Executive Personnel Financial Disclosure <input type="checkbox"/> Employment and Financial Interest | | 9. Subject to IA Action <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 10. Position Status <input checked="" type="checkbox"/> Competitive <input type="checkbox"/> Excepted (Specify in Remarks) <input type="checkbox"/> SES (Gen.) <input type="checkbox"/> SES (CR) | | 11. Position Is <input type="checkbox"/> Supervisory <input type="checkbox"/> Managerial <input checked="" type="checkbox"/> Neither | |
| 12. Sensitivity <input checked="" type="checkbox"/> 1--Non-Sensitive <input type="checkbox"/> 3--Critical | | 13. Competitive Level Code | | 14. Agency Use *DOI022 | | 15. Classified/Graded by | | 16. Date | |
| a. Office of Personnel Management | | b. Department, Agency or Establishment | | c. Second Level Review | | d. First Level Review | | e. Recommended by Supervisor or Initiating Office | |
| Fire Management Specialist (Prescribed Fire and Fuels) GS | | Department of the Interior, FLERT Specialist | | This PD has been approved as follows under 5 USC 8336(c) and 8412(d) <input checked="" type="checkbox"/> Firefighter <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Secondary/Administrative Approval Date: October 26, 2004 | | 401 | | 11 | |
| 17. Name of Employee (if vacant, specify) | | 18. Department, Agency, or Establishment | | 19. Employee Review-This is an accurate description of the major duties and responsibilities of my position. | | 20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the information necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations. | | 21. Classification/Job Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code in conformance with standards published by the U.S. Office of Personnel Management. The published standards apply directly, consistently with the most applicable published standards. | |
| 22. Information Classification Standards Used in Classifying/Grading Position Handbook of Occupational Groups and Families, August 2001, Part I of the Forestry Series, GS-460, Jun 1965 TS-57, Dec 1979, TS-39. | | 23. Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management. | | 24. Signature of Employee (optional) | | 25. Signature of Supervisor (optional) | | 26. Signature of Classifier (optional) | |

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*Agency Use Code should be entered in FPPS as last six digits of Position Allocation Number.